PATENT APPLICATION FEE DETERMINATION RECO									- philad	,, o, ē	- Jocket Ho		
Effective October 1, 2003								10-766-413					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL: TYPE		OR		R THAN ENTITY	
TOTAL CLAIMS 23						•		RATE	FEE	7	RATE	FEE	
F	OA .		NUMBE	FILED	NUMBER EXTRA		ŀ	BASIC FE	385. 0 0	OR	BASIC FEE	770.00	
F	OTAL CHARGE	ABLE CLAIMS	23 minus 20=		• 3			XS 9=	27	ОЯ	X\$18=		
	DEPENDENT C		3 minus 3 =					X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	٠	
* If the difference in column 1 is less than zero, enter "0" in column 2									412	OR	TOTAL		
<u> </u>	CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)								ENTITY	OR	OTHER		
_	<u> </u>	(Column 1) CLAIMS		HIGH		PRESENT EXTRA		RATE	ADDI-	7	RATE	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVICE PAID	IUSLY				TIONAL			TIONAL	
Ş	Total .	· 23	Minus	- 2	3	-\		·X\$ 9≠		OR	X\$18=		
AME	Independent	· 3	Minus		8	• \	ŀſ	X43=		OR	X86=		
Ľ	FIRST PRESE	ENTATION OF MI	JETIPLE DE	PENDENT	CLAIM		۱ [+145=		OR	+290=		
		•					L	TOTAL		OR	TOTAL ADDIT, FEE		
	-2206	A	DOIT. FEE		3 - · · ·	AUDII. PEEI							
<u> </u>	-77.110	(Column 1) CLAIMS		(Colum	ST	(Column 3)	Г		ADDI-	1 1		ADDI-	
ENT B		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENOMENT	Total	• 20	Minus	- 0	3	-0		X\$ 9=	0	OR	X\$18=		
AME	Independent	• 3	Minus	•••	3	· O .	I	X43=	0	OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	CLAIM			+145=			+290=		
							L	+143= TOTAL	7 (2)	OR	TOTAL	•	
								DIT. FEE		OR ,	NOOTI. FEE		
(Column 1) (Column 2) (Column 3)								٠.					
EN		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOL PAID FO	er JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	**		-		XS 9=		OR	X\$18=		
	Independent	•	Minus .	***		.	1	X43=			Yes-		
<u> </u>	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT (MIAK		-	V40=		OR	X86=		
* If the intry in column 1 is less than the entry in column 2, write 'V' in column 3.										OR	+290=		
	the "Highest Nurs the "Highest Nurs	nber Previously Pal mber Previously Pel	d For IN THU d For IN THE	S SPACE IS I S SPACE IS I	ess then	20, enter "20."	_	TOTAL OIT, FEE	$\overline{}$		TOTAL DOT. FEE		
	ം വൃഷ്ടവേസ	ber Previously Paid	TOT (1000) OF	#1Gependent	ו שקט צו קו	ngnesi number	TOUR	S EU EUR SEPT	or prize box	in colu	mn 1.		